REPORT OF WORK-SITE EMPLOYERS AND EMPLOYEES

As an employee-leasing company, you must provide all requested information for work-site employers and employees. This page may be photocopied and attached for additional work-site employers. A computer-generated report is also acceptable and may be submitted in place of this page.

In addition to the information requested below, you must also provide the names, social security numbers, and wages earned for **all** work-site employees who performed work during each calendar quarter of the most recently completed calendar year. If the total number of work-site employees for **all** work-site employers exceeds 100, you must submit the employee list, on an Excel spreadsheet or other UI Program-approved format, via compact disc (CD) with your application. Call one of the above telephone numbers to request approval to submit the list using an alternate format. If there are 100 or fewer work-site employees, you may provide the employee list on a CD or paper report.

Name of Employee-Leasing Company		Unemployment Insurance Account Number			
Work-Site Employer Unemployment Insurance Account Number	Work-S	Work-Site Employer Federal En		Employer Identification Number	
Owner, Partners, or Corporate Name					
Trade Name (Doing Business As)			Telephone Number		
Work-Site Address (include city, state, and ZIP code)					
Provide the effective date and ending date of the written contract with the work-site employer Most Recently Completed Calendar Year					
Effective Date Ending Date					
Provide the total taxable wages paid for all work-site employees during each quarter of the most recently completed calendar year.					
First Calendar Quarter Second Calendar Quarter		Third Calendar Quarter Fourth Calendar Quarter			
Provide the total UI taxes assessed for each quarter of the most recently completed calendar year.					
First Calendar Quarter Second Calendar Quarter		Third Calendar Quarter		Fourth Calendar Quarter	
Work-Site Employer Unemployment Insurance Account Number Work-Site Employer Work-Sit			Employer Federal Employer Identification Number		
Owner, Partners, or Corporate Name	1				
Trade Name (Doing Business As)			Telephone Number		
Work-Site Address (include city, state, and ZIP code)					
Provide the effective date and ending date of the written contract with the work-site employer			Most Recen	tly Completed Calendar Year	
Effective Date Ending Date					
Provide the total taxable wages paid for all work-site employees during each quarter of the most recently completed calendar year.					
First Calendar Quarter Second Calendar Quarter	Third Ca	Third Calendar Quarter		Fourth Calendar Quarter	
Provide the total UI taxes assessed for each quarter of the most recently completed calendar year.					
First Calendar Quarter Second Calendar Quarter	Calendar Quarter		Fourth Calendar Quarter		
I certify that the information provided is true, correct, and complete to the best of my knowledge.					
Name of Owner, Partner, or Corporate Officer		Title			
Signature]	Date			